



Diversion, Behavioral Health, and Health Subcommittee

Measure J Funding
Recommendations

Slate #1:

Ensuring Measure J Funding Can Be Accessed by Community-Based Organizations

RECOMMENDATION #1:

Identify a Third Party Administrator (such as a foundation partner) to fund community-based organizations directly

- a. The Third Party Administrator should have expertise in Diversion, Behavioral Health, and Health
- b. Eligible CBOs (*community-based organizations*) must have an annual budget of less than \$1.5 million
- c. CBOs in SPAs (*Los Angeles County Service Planning Areas*) and zip codes of specific economic disadvantage and disproportionately impacted by LA County's carceral system must be prioritized
- d. The Third Party Administrator must be accountable to an advisory board of impacted community members (such as the "Reentry Health Advisory Collaborative, RHAC")

RECOMMENDATION #2:

Eligible County Programs can submit proposals for Measure J funds if and only if at least 85% of the funding is distributed directly to CBOs

- a. Eligible County programs must prioritize funding CBOs that have an annual budget of less than \$1.5 million
- b. CBOs in SPAs and zip codes of specific economic disadvantage and disproportionately impacted by LA County's carceral system must be prioritized
- c. Eligible county programs must standardize and streamline contracting RFPs (Requests for Proposals) across agencies to ease entry for providers



Slate #2:

Community-Inspired Funding Recommendations

Total: \$60 million

Guidelines for Third Party Administered & County Administered Funds for Measure J

Organizations and programs receiving Measure J funds must:

- Be led by and primarily service the following priority populations that are most severely impacted by incarceration in LA County as identified by the JENI (*Justice Equity Need Index*) and the JESI (*Justice Equity Supply Index*):
 - Reentry Community
 - Black Indigenous People of Color (BIPOC), particularly:

Black Women

People with Disabilities

Young People

Immigrants

Two Spirit, Trans, Gender Non-Binary, and Queer People

- Share the Measure J and ATI (*Alternatives to Incarceration*) values and employ formerly incarcerated people
- Be located in areas of highest need according to data such as the JENI and JESI indexes
- If CBOs want to provide medical reimbursable services, they should not be obligated to contract with the Department of Mental Health (DMH)





RECOMMENDATION #3:

Expand access to community-based harm reduction and trauma-informed services in health care, behavioral health, harm reduction substance use services, and mental health in communities most disproportionately impacted by incarceration, poverty, COVID-19, and other social determinants of health

\$15 million

RECOMMENDATION #4:

Expand delivery of health care, behavioral health, harm reduction substance use services, and mental health services in partnership with communities in locations such as but not limited to community-based organizations, barber shops, beauty shops, libraries, parks, creative art and music spaces, places of worship, and schools

\$15 million

RECOMMENDATION #5:

Increase access to housing first and housing that heals permanent supportive housing with access to wraparound behavioral health services, especially for: people ageing out of foster care, people coming out of incarceration from juvenile or adult jails or prisons, people who are parents, and people with health, behavioral health, or mental health needs

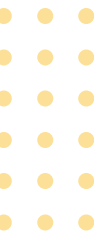
\$15 million

RECOMMENDATION #6:

Expand and create home visitation and promotoras models to provide access to resources, jobs, and services to the community; hire community health workers who live within the local zip codes

\$15 million

Total: \$60 million



Slate #3:

Care First, MCJ (Men's Central Jail) Closure

Total: \$260 million

RECOMMENDATION #7:

Fund a community-based, non-law enforcement, pretrial services pilot program that will help end pretrial incarceration.

Fund and expand community-based pretrial services through a pretrial pilot, in the communities most severely impacted by incarceration in LA County as identified by the JENI (*Justice Equity Need Index*) and the JESI (*Justice Equity Supply Index*), that can provide services and resources, including culturally-rooted, trauma-informed survivor support, to people in their communities pre-trial instead of law enforcement supervision, e-incarceration, and pretrial incarceration

The primary functions of community-based service providers would be: conducting a strengths- and needs-based assessment at the jail of all individuals in custody to determine a plan of support to get each individual released pre-trial, sending court date reminders to all individuals with pending court dates, providing peer navigation support, and coordinating services in order to connect individuals with supportive resources

\$10 million of the total to fund Year 1 of the Community-Based Pretrial Services that will help **end pretrial incarceration**

RECOMMENDATION #8:

Expand harm reduction programs and services to prevent overdose and justice involvement and to create diversion safety valves

2a. County Department Proposal

Program Name: Diversion Triage and Safe Landing Center
Department of Health Services (DHS) and Office of Diversion and Reentry (ODR)

The Diversion and Safe Landing Center is a proposed project to accommodate persons who are acutely mentally or physically ill who are immediately discharged/released from jail on presumptive pre-trial diversion.



The site would act both as a reception point/triage center and safe landing site.

The site would ensure that vulnerable persons exiting LA County jails in crisis are welcomed, oriented to necessary court follow-up, and have their health and mental health needs appropriately assessed and triaged to avoid unnecessary hospitalization or poor outcomes.

The site would provide temporary accommodations (*bed, shower, meal, clothing, etc.*) to ensure the person is not being released from jail directly into houselessness, and has the opportunity to be connected to eligible housing services and supports.

89.4% of funding going to community-based organizations

- One-time budget: \$5,000,000
- Ongoing Budget: \$23,300,000

2b. County Department Proposal

Program Name: Harm Reduction Program Expansion

Department of Health Services (DHS) and Office of Diversion and Reentry (ODR)

The DHS Harm Reduction Program Expansion (HRPE) will provide DHS Housing for Health (HFH) and ODR-contracted providers with trainings to expand their harm reduction knowledge to improve quality engagement with people who use drugs and people who engage in sex work.

Additionally, HRPE will maintain a clearinghouse of harm reduction supplies to reduce the spread of HIV and HCV and promote and support wound care and overdose prevention. These supplies will be available to the HFH, ODR staff and contracted providers and partners to distribute to their outreach contacts, clients, and housing site residents or others they serve.

This program will be done in partnership with a community-based harm reduction organization with a strong commitment to peer staff and supporting individuals with lived experience of substance use, incarceration, houselessness and/or sex work.



100% of funding going to community-based organizations

- One-time budget: \$2,705,126
- Ongoing Budget: \$2,705,126

2c. County Department Proposal

Program Name: Overdose Education Naloxone Distribution (OEND)

Department of Health Services (DHS) and Office of Diversion and Reentry (ODR)

Provide overdose education and Narcan (*a brand of Naloxone*) to people who are:

- Released from Los Angeles County jails
- DHS providers, and
- Individuals that are in contact with the DHS services.

People leaving jails and prisons are 40-75 times more likely to die from an opioid overdose in the 2-4 weeks after release than the general population.

Since Black and Latinx people are disproportionately incarcerated, this program addresses a racial equity gap in getting a life saving intervention to people who need it most.

The program expands education and Narcan distribution to areas where there are few harm reduction services. A Naloxone Access Point (*NAP*) will be located in each SPA (*Service Planning Area*).

The priority population: individuals who are released from LA County jails; individuals in or leaving SUD (*substance use disorder*) treatment; individuals experiencing houselessness or at risk of houselessness; the reentry population; people who use drugs; family, friends, and acquaintances connected with any of the above populations and/or who are likely to be present at the scene of an overdose; and staff who work with any of the above populations.

Provide overdose education and Narcan (*a brand of Naloxone*) to people who are:

- Anyone who uses drugs
- The family, friends, acquaintances, and staff who are likely to be present at the scene of an overdose.



100% of funding going to community-based organizations

- One-time budget: \$1,587,000
- Ongoing Budget: \$6,057,696

2d. County Department Proposal

**Program Names: SUD Court Diversion & Jail Booking Diversion
Department of Health Services (DHS) & Office of Diversion and Reentry (ODR)**

Individuals in station jails, courts, or IRC (Inmate Reception Center) with substance use disorder will be diverted into harm reduction case management services in lieu of booking and prosecution.

People of Color with substance use needs are disproportionately represented among those who are incarcerated.

This program will reduce racial disparities by diverting individuals away from jail and into community-based harm reduction services.

This aligns with ATI (*Alternatives to Incarceration*) recommendation #16 to reduce the adverse impact that the severity of substance use charges have on people.

85% of funding going to community-based organizations

Two Programs:

- SUD Court-Based Diversion: Ongoing Budget: \$2,092,590
- SUD Jail Booking Diversion: Ongoing Budget: \$2,038,208

RECOMMENDATION #9:

Support the closure of Men's Central Jail by allocating \$200 million in Year 1

to immediately expand a mix of housing and services beds for at least 3,600 justice-involved people and the communities most disproportionately impacted by incarceration, poverty, COVID-19, and other social determinants of health.

RECOMMENDATION #10:

Expand life-affirming responses to behavioral, mental, and co-occurring health crises to prevent law enforcement responses and incarceration

Modified ATI Recommendation #35: *Significantly increase the number of DMH Psychiatric Mobile Response Teams (PMRTs) to reduce service wait time; funding contingency: create a plan to shift funding from County PMRTs to CBO PMRTs in Year 1 to be eligible for Measure J funding*

Modified ATI Recommendation #43: *Train 911 operators and dispatchers on mental health screening to direct calls involving behavioral health crises that do not require a law enforcement response towards Department of Mental Health's ACCESS line (e.g. integrate DMH line with 911, allow direct access from 911 operators to ACCESS) or an alternate dedicated response line (988); train 911 operators and dispatchers to allow callers to request a responder that connects to the gender identity of the individual in crisis; develop a plan in Year 1 to separate the 911 dispatch system from law enforcement for mental health responders*

If CBOs want to provide reimbursable medical services, they should not be obligated to contract with DMH (Department of Mental Health)

